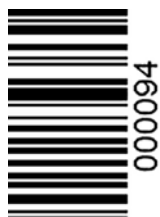




COMPLETE SOLUTIONS PRSA / PRSA AVC

APPLICATION DETAILS



Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at www.irishlife.ie or you can ask us for a copy.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.
If any item is blank or illegible, this will cause a delay in processing your application.

If your Financial Broker or Adviser submits your application electronically Irish Life will only receive a copy of the Declarations section of this form. The original application form will be retained by your Financial Broker or Adviser and not checked by Irish Life.

Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

Profile Code Regular - Single -

Product Selection

Please tick which product you require: **Complete Solutions PRSA Standard** ☐
Or
Complete Solutions PRSA Options (this is a non-standard PRSA) ☐
Is this PRSA to be used for Additional Voluntary Contributions (AVCs) Yes ☐ No ☐

1. Eligibility

1. Are you an Irish resident for tax purposes? Yes ☐ No ☐ PPS Number

2. Are you self-employed? Yes ☐ No ☐
If Yes, are you: Agricultural self-employed ☐ Other self-employed ☐

3. Are you an employee? Yes ☐ No ☐
(a) If Yes, what is your occupation?
Trades, crafts & related ☐ Personal & Protective Service ☐ Manager, Professional & Admin ☐
Clerical & secretarial ☐ Sales ☐ Plant & machine operatives ☐
Other ☐

(b) Are you a member of your current employer's company pension scheme? Yes ☐ No ☐

4. Are you unemployed/not economically active? Yes ☐ No ☐

If YES, this PRSA should be used to facilitate AVC contributions. Please pay particular attention to Sections F and G of the Plan Declarations.

2. Personal Details

Title (Mr/Mrs/Ms etc)

First Name Initial (if applicable)

Last Name

Date of Birth / / Total Salary (incl bonuses, BIK, etc) €

Gender Male ☐ Female ☐

Relationship Status Single ☐ Married ☐ Registered Civil Partner ☐
Separated ☐ Divorced ☐ Widowed ☐

Country of Birth

Nationality

Nominated Retirement Age Must be between age 60 and 75. For PRSA AVCs the Nominated Retirement Age must be the same as the main scheme.

We are obliged to establish your nationality to comply with anti-money laundering requirements

3. Contact Details

Address

County

Contact phone numbers Home Mobile

Email address

Please note that mobile number AND email address MUST be provided if you wish to receive online communications

4. Employer Details

To be completed by Employees, not applicable for Self-Employed

Name Of Employer

Address Of Employer

Employer Tax Reference Number -

Salary Frequency Weekly ☐ Fortnightly ☐ Monthly ☐

If Yes, please complete the Politically Exposed Person (PEP) or Relative or Close Associate (RCA) Supplementary Form An explanation of these terms is provided in Supplementary Form

5. Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

Are you or any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been within the last 12 months), a PEP or RCA ? Yes ☐ No ☐

6. Contribution Details

6a. Regular Contributions

Date contributions are to start / /

Contribution amount Employee or Self-Employed Contribution (as applicable) €
Employer Contribution (if applicable) €
AVC Contribution (if applicable) €
Total Contribution €

Please note:
Cheques for regular contributions can only be made when contributions are on a yearly basis and exceed €3,000 per annum.

For payroll deduction cases, please also complete Payroll Deduction Authority Form.

A transfer application form must be completed and submitted with this form

* The minimum amount required to access the Self Invested Deposit Fund is €20,000. This fund is not available if you choose one of our Lifestyle Options.

Please also complete the relevant Deposit Investment Instruction Form.

Payment frequency Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐

Payment Method Direct Debit ☐ Cheque ☐ Payroll Deduction ☐

If direct debit contributions are chosen, what day of the month would you like direct debits taken (1st to 28th of the month only)

Do you want inflation protection? Yes ☐ No ☐
Contributions will increase in line with inflation or a rate set by Irish life (at present 5% p.a.) whichever is higher

6b. Single Contributions and Transfer Values

Single contribution	Employee or Self-Employed Contribution (as applicable)	€ <input type="text"/>
	Employer Contribution (if applicable)	€ <input type="text"/>
	AVC Contribution (if applicable)	€ <input type="text"/>
	Total Contribution	€ <input type="text"/>

How will this single contribution be paid?

- Personal cheque from proposers bank account ☐
- Electronic Fund Transfer (EFT) ☐
- 3rd party cheque ☐
- Bank draft ☐

Transfer value €

7. Fund Details

Please see your Fund Guide/Product Booklet for a full list of funds available and information on the investment strategies referred to below. You can split your investment between up to 10 funds. Please select the investment strategy you wish to follow by selecting one of the options below (if required):

Option 1 - Default Investment Strategies

- a. I am funding for an annuity through the Default Investment Strategy (Annuity) ☐
- b. I am funding for an ARF through the Default Investment Strategy (ARF) ☐

OR

Option 2 - Lifestyle Options

- a. I am funding for an annuity through the Annuity Lifestyle Option ☐
- b. I am funding for an ARF through the ARF Lifestyle Option ☐

You can split your investment between up to 10 funds. Please ensure the percentages add up to 100%.

OR

Option 3 - I wish to choose a selection of funds from below ☐

Funds available under PRSA Standard

Pension Portfolio 2	<input type="text"/> %
Pension Portfolio 3	<input type="text"/> %
Pension Portfolio 4	<input type="text"/> %
Pension Portfolio 5	<input type="text"/> %
Pension Portfolio 6	<input type="text"/> %

Other Funds

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

Funds available under PRSA Options

Multi Asset Portfolio Fund 2	<input type="text"/> %
Multi Asset Portfolio Fund 3	<input type="text"/> %
Multi Asset Portfolio Fund 4	<input type="text"/> %
Multi Asset Portfolio Fund 5	<input type="text"/> %
Multi Asset Portfolio Fund 6	<input type="text"/> %
*Self Invested Deposit Fund	<input type="text"/> %

Other Funds

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

For PRSA Standard and PRSA Options: All regular and lump sum contributions will be invested as above. If you would like lump sum contributions to be invested differently than regular contributions, please indicate your fund choice below.

	%
	%
	%
	%

8. Your Plan Communication

How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular statements)

Please tick one option: Online ☐ By paper post ☐

If you do not choose an option we will assume you want to receive communications online.

Do you want the original plan schedule to be sent to your financial adviser?

(not applicable if plan is taken out through an Irish Life tied channel)

Yes ☐ No ☐

You will be notified by text and email when communications are added to your account.

Your plan communications will be securely stored in your personal online account.



PRSA PLAN DECLARATIONS

Proposal Number:

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We need this information
to match the declaration
section to your electronic
application

Customer Review Number

[illegible]

Customer Name

[illegible]

Financial Adviser Name

[illegible]

If you submit this proposal electronically you should only send us this section.

Any words in the singular also mean the plural as applicable (e.g. "I" means "we" and "my" means "our" etc.)

A. Declaration under article 3(5) of the Personal Retirement Savings Account (Disclosure) Regulations 2002

You the customer should read the following and indicate that you have done so.

I understand that the Declaration below relates to the PRSA contract proposed by me in this application. I confirm that I have received the relevant Preliminary Disclosure Certificate for the PRSA contract proposed in this application.

WARNING

If you propose to take out this PRSA contract in complete or partial replacement of an existing PRSA contract or a retirement annuity contract, please take special care to satisfy yourself that this PRSA contract meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing PRSA contract or a retirement annuity contract. If you are in doubt about this, please contact your Financial Adviser or PRSA provider.

Please complete this section by ticking the appropriate box:

- Yes, this policy does replace an Irish Life policy

C

Yes, this policy does replace an existing policy from another life company

C

No, this policy does not replace an existing policy

C

Policy or Reference Number

Declaration of PRSA Provider / Intermediary:

I hereby declare that in accordance with Article 3 of the Personal Retirement Savings Account (Disclosure) Regulations, 2002, a Preliminary Disclosure Certificate has been provided to:

(Customer name and address)

and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction, and of possible financial loss as a result of such a replacement.



Please sign and date

- Signature of PRSA Provider/Intermediary

X

Date _____

Declaration of Customer:

I confirm that I have received in writing the information specified in the above declaration.



Please sign and date

Signature of Customer

X _____

Date _____

B. PRSA AVC Declaration (if applicable)

Where I am establishing this plan for the purpose of making AVC payments to a PRSA, I declare that:

- I have received and read the Irish Life AVCs and Your Irish Life PRSA Booklet, which provides important information about paying AVCs into a PRSA.
- I am aware that my AVCs into the PRSA are on a defined contribution basis and the return is not guaranteed - this contract will not provide defined benefits as fund values can fall as well as rise.
- I acknowledge and agree that I have been advised to investigate any AVC options offered through my employer's main occupational pension scheme.
- I acknowledge and agree that I have been advised to review any options which provide guaranteed benefits and which can be available under defined benefit schemes, in particular any options to buy added years (notional service) under public sector/semi state defined benefit schemes.
- I understand and accept that it is my responsibility to review and consider any such options directly with my employer, and that my financial adviser will base any recommendations on the information I have provided but will not have discussed or verified this with my employer.
- I understand that, although this AVC plan is separate to my employer's main occupational pension scheme, retirement benefits must be paid at the same time as the main scheme (if I am still in that employment) and must be within Revenue limits.
- I am required to notify Irish Life if I leave this employment, change my contributions to that scheme, if my salary decreases or if my benefits change.

C. Plan Declaration

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. Where I have completed my application online, I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, in writing, if:

- I do not receive the printed record
- Any information in this record is, false, incorrect or incomplete

I hereby agree that the contract proposed between me and Irish Life Assurance plc (ILA) will be based on this application declarations, and any supplementary application form attached. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2A of Part 30 of the Taxes Consolidation Act 1997.

I agree that where I have selected fund(s) other than the Default Investment Strategy (annuity) or the Default Investment Strategy (ARF), by signing this declaration, and any supplementary application, I am providing written confirmation that I do not wish to avail of either Default Investment Strategy.

I understand that once my PRSA becomes a vested PRSA, Irish Life is obliged to deduct a minimum amount of tax on a yearly basis as if a minimum withdrawal has been taken from my vested PRSA. I understand the current minimum withdrawal is 4% from the year I turn 61 (or 60 for those born on 1 January) until the year I turn 71 (or 70 for those born on 1 January) when it will increase to 5%. Where the total value of my vested PRSA(s) and ARFs are greater than €2 million I understand that I must appoint a nominee QFM who will be responsible for ensuring a withdrawal of 6% is taken from my vested PRSA(s) and ARF's. I understand that it is my responsibility to advise Irish Life if the total value of my ARFs and Vested PRSA(s) exceed €2 million. I understand that these rates are current as at July 2018 but may change in the future.

Where applicable, I as an employee, agree to my employer having access to my application in order to facilitate the deduction of my personal contributions from my salary. I also understand that the commencement date of the contract and the timing of any subsequent changes to contributions will be subject to my Employer making the necessary changes in my payroll.

I agree that ILA may get information in respect of any transfer value contribution amount from the transferring Trustees/Life Office/PRSA Provider and I authorise them to give Irish Life this information.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

I confirm that I have read and understood all the above declarations.



Please sign and date

Signature of Customer

X

Date

D. Financial Adviser Declaration

Source of PPSN	e.g. a copy of P60
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[illegible]

Document Ref

Evidence of age		e.g. Passport
-----------------	--	---------------

[illegible]

Document Ref

I certify that I have viewed the documents stated above.

Signature of Adviser

Date

--

Please sign and date

E. Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing dataprotectionqueries@irishlife.ie or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Customer

I agree ☐

I don't agree ☐

Employer

I agree ☐

I don't agree ☐

F. Additional Voluntary Contributions (AVCs)

To be completed by employees who are members of their employer's company pension scheme and want to make AVCs to a PRSA

Name of Employer

Name of Pension Scheme

Is your scheme

Defined Contribution

☐

(Complete section 1 below)

Defined Benefit

☐

(Complete section 2 below)

Scheme Normal Retirement Age

When did you start your current employment

Do you on your own, or with your spouse/registered civil partner and/or minor children, directly or indirectly own or control more than 20% of the voting rights of the employer?

Yes ☐

No ☐

Section 1 – to be completed by DC scheme members

Current Value of your main scheme fund

€

Current Value of any AVC/PRSA AVC

€

Contributions to your main scheme:

Employee Contributions

€

per month

☐

quarter

☐

half-year

☐

year

☐

AVC Contributions

€

per month

☐

quarter

☐

half-year

☐

year

☐

Employer Contributions

€

per month

☐

quarter

☐

half-year

☐

year

☐

Section 2 – to be completed by DB scheme members

Contributions to your main scheme:

Employee Contributions

€

per month

☐

quarter

☐

half-year

☐

year

☐

AVC Contributions

€

per month

☐

quarter

☐

half-year

☐

year

☐

Current value of any AVC/PRSA AVC

€

We require one of the following to be submitted with your application:

A. Your most recent Pension Benefit Statement

B. A letter from your employer confirming the following details based on your current salary and service to retirement:

- Projected pension at your normal retirement date and
- Retirement lump sum benefits at your normal retirement date
- Spouses/Registered Civil Partner's pension as a % of members pension

C. Confirmation from your employer or HR department of the following

Members pension payable at NRA

€

Spouses/Registered Civil Partner Pension

%

Retirement Lump Sum

€

Current Value of any AVC/PRSA AVC

€

Name

Signed

Date

Signature of person authorised to sign for and on behalf of employer HR department

D. To be completed where you are unable to provide a copy of your most recent pension benefit statement and it is not possible at this time for your employer to confirm these details.

I am unable to provide a copy of my most recent pension benefit statement and it is not possible at this time for my employer to confirm these details. I can confirm that I am aware of my current benefits and these are outlined above. They are based on my current salary and my service at retirement. I understand that it is my responsibility to provide correct figures. If these figures are incorrect, it is possible that my AVC fund could cause my benefits to exceed the maximum pension benefits allowed by the Revenue Commissioners. This may mean that my main scheme benefits will be reduced to reflect the excess AVC fund.

Signature of Customer

Date

The Scheme Normal Retirement Age (NRA) will also be the NRA for your PRSA AVC

Block Capitals



Please sign and date

Please sign and date

G. Benefits from Other Employments

To be completed by employees who are members of their employer's company pension scheme and want to make AVCs to a PRSA

Do you have any pension benefits from previous employments?

Yes ☐

No ☐

If Yes, please complete the rest of this section. If No, please go to the Declarations & Consents section.

A. Do you have Defined Contribution scheme benefits?

Yes ☐

No ☐

Normal Retirement Age

Current Value

€

(including AVC/PRSA AVC values)

B. Do you have Personal Pension or PRSA (including self-employed) pension benefits?

Yes ☐

No ☐

Current Value

€

C. Do you have Defined Benefit scheme benefits?

Yes ☐

No ☐

Normal Retirement Age

Members pension payable at NRA

€

Retirement Lump Sum

€

(if in addition to pensions at NRA)

Current value of any AVC/PRSA AVC

€

Spouse/Registered Civil Partner pension

(if any) as a percentage of members pension

%

D. Have you received retirement benefits from any other pension arrangements?

Yes ☐

No ☐

If Yes, please provide details:

Date benefits were paid

 / /

For Defined Contribution schemes, PRSA or Personal Pension Benefits:

Total value of pension fund at date of payment

€

For Defined Benefit/Public Sector schemes:

Gross Retirement Lump Sum (before any tax paid)

€

Annual Pension Income

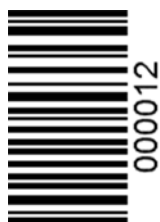
€

a year

Final value of AVCs (if not included in the above amounts)

€

Further Pension Benefit details, if any:



Your Irish Life Plan Details

Please complete **all** the fields in this Section

Plan Number(s)

If this mandate is to cover more than 3 plans, please attach separate instructions.

Name of Plan Owner(s)

Direct Debit collection date

 of the month (1st to 28th only)

Payment frequency

Monthly ☐

Quarterly ☐

Half Yearly ☐

Yearly ☐

SEPA DIRECT DEBIT MANDATE

Please complete all the fields below marked * and return this mandate to Irish Life

Name and address of the payer:

* Name(s) of Account Holder(s)

Address of Account Holder(s)

BIC

* IBAN

Your BIC and IBAN can be found on a recent bank statement



* Signature(s)

* Date of signing

Please sign and date

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

For Office Use only

UMR

Creditor Identifier

Type of payment

Recurrent ☒

Creditor's name and address





IRISH LIFE PRSA PAYROLL DEDUCTION AUTHORITY

To be completed by the Employer for each employee in respect of any new or changed deduction arrangements
Important: Completion of this form signifies that the deductions described have already been (or will be) put into effect by the employer without further confirmation from Irish Life. The PRSA will be started/modified to reflect these payroll deductions.

Company details (Please complete in BLOCK CAPITAL)

Name

Address

Company registered no. or Employer Tax Ref. no (whichever is applicable)

Name of employee

Employee payroll no.

Irish Life PRSA no. or ☐ tick if a NEW member

NB: PRSAs only please - no other policy types are payable by payroll deduction

Type of change

Please tick one

- ☐ New/Revised deduction
- ☐ Resume deductions
- ☐ Cease deductions until further notice
- ☐ Suspend deductions until
- ☐ Once-off single contribution

If new, revised, resumed deduction

To be paid by Employer €

To be paid by Employee €

Total €

per week ☐ per fortnight ☐ per month ☐

If once-off single contribution

Employer €

Employee €

Effective payroll date

Date on which payroll deductions are to take effect

Note: In the month following the month of payroll deduction:

- The requested changes to Irish Life PRSA plans will be processed.
- The corresponding direct debit adjustment on the Employer's bank will take effect.

Payroll administrator details



Signed Person nominated to administer payroll deduction

Contact phone number

E-mail address

Note
Cheques for single contribution should be made payable to 'Irish Life Assurance plc'.
Single contributions cannot be paid by direct debit.

Alterations to existing arrangements will be reflected in the next available direct debit to your bank.

Please sign.
Signature of person duly authorised to sign for and on behalf of the employer.







